

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 10/ 595774

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		5				
7		5				
8		1				
9		1				
10		5				
11		1				
12		1				
13		1				
14		1				
15		6				
16		1				
17		1				
18			1			
19			1			
20			1			
21			1			
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48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.	24	←	15	←	16	←
TOTAL CLAIMS	25		16			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.					16	←
TOTAL DEP.					16	←
TOTAL CLAIMS			16			←